

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008</b>		Docket Number (Optional)
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		59013 - 331623
Application Number 09/880,576		Filed June 13, 2001
For <b>CARDIAC DISEASE TREATMENT AND DEVICE</b>		
Art Unit 3736	Examiner SZMAL, Brian Scott	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>		
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$	
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$	
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$	\$555.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$	
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$	

☒ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☒ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 06-0029. I have enclosed a duplicate copy of this sheet.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

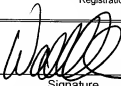
I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 31,707

☐ attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34. \_\_\_\_\_

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Signature

Walter C. Linder

December 8, 2009

Date

612/766-7000

Telephone Number

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.